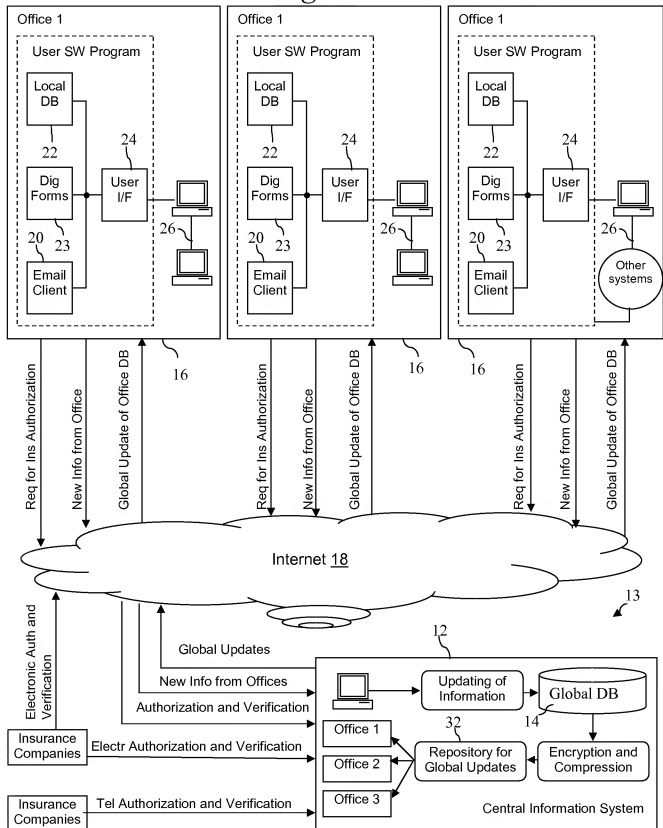
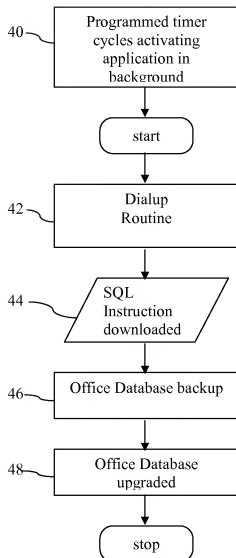
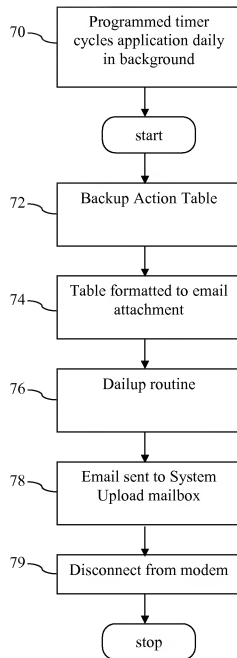
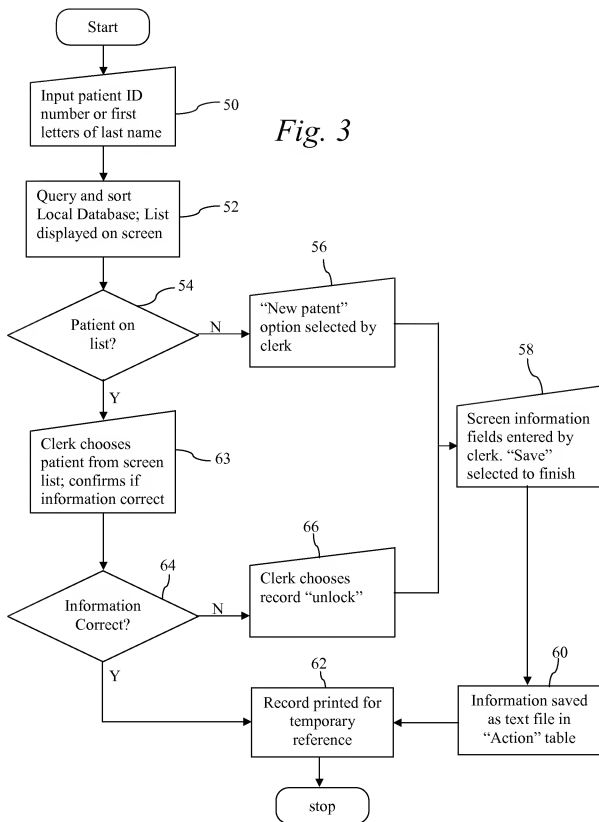
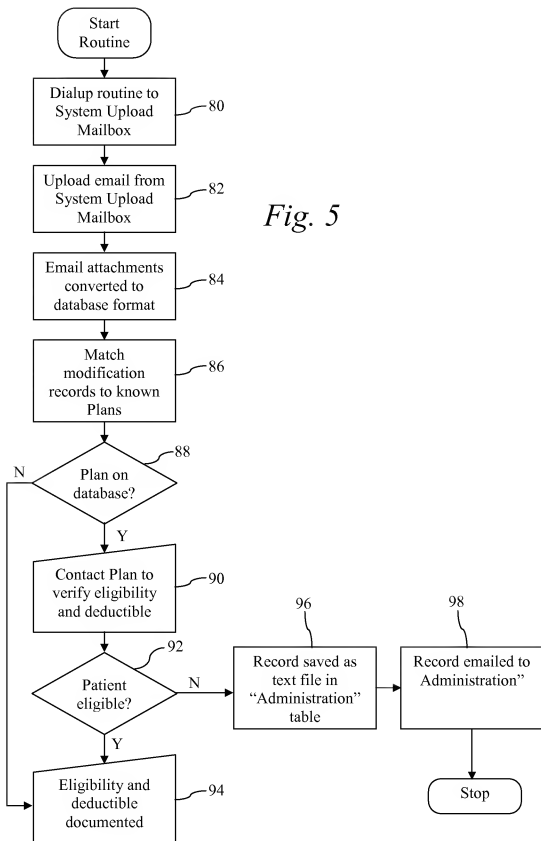
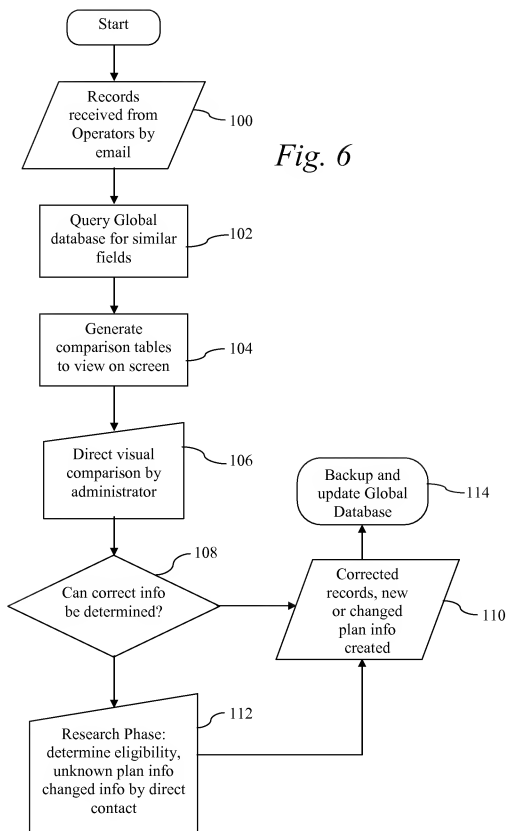


*Fig. 1*

*Fig. 2**Fig. 4*

*Fig. 3*





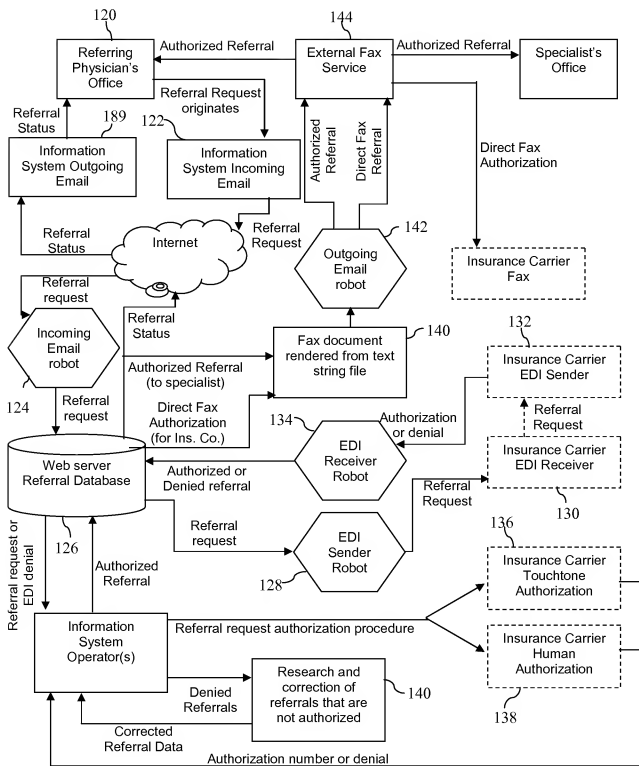


Fig. 7a

**Zansor Patient Referral**

File Send Configure Window Help

Select Carrier and Plan

Back Next Message

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Carrier Name	Plan Name	Type
Self Pay	Self Pay	self
Aetna	Aetna US-Healthcare QPOS	POS
Aetna	Aetna US Healthcare EPO	EPO
Aetna	Aetna US Healthcare HMO	HMO
Aetna	Aetna US Healthcare PPO	PPO
Aetna	Aetna US Healthcare Choice PPO	PPO
Affordable	Affordable Healthcare Compare	PPO
America Health	America's Health Plan	PPO
Americaid	Americaid	PPO
American Medical	American Medical Plan GA	PPO
Anthem	Anthem	POS

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*Fig. 7f*

[illegible]

Zansor Patient Referral

File Send Configure Window Help

Select Specialty

Back Next Message

Allergy and Immunology
Allergy and Immunology, Pediatric
Cardiology or Cardiovascular Disease
Cardiology, Pediatric
Dentistry, General
Dermatology
Dermatology, Pediatric
Endocrinology
Endocrinology, Pediatric
Family Practice
Gastroenterology
Gastroenterology, Pediatric

Fig. 7c

Fig. 7d

Zansor Patient Referral

File Send Configure Window Help

Select Provider(s)

Back Next Message

City	Provider Name	Phone/Fax	Address
Alpharetta	Fish, Michael	(770) 555-2343	894 Old Milton Alpharetta, GA
Alpharetta	Gold, Gilbert	(770) 555-3987	1234 Dominion Suite 777 Alpharetta, GA
Alpharetta	Levine, David	(770) 555-5039	738 Peachtree Suite 221 Alpharetta, GA
Alpharetta	Luchetti, Mary	(770) 555-9544	1234 Old Milton Alpharetta, GA
Alpharetta	Payne, Max	(770) 555-7383	2 Main Street Alpharetta, GA



Zansor Patient Referral

File Send Configure Window Help

Fill Out Referral Form

Back Next

Select Primary Care Physician  
Tookay, V. (AetnaHMO 325728945729857)

Aetna US Healthcare  
Electronic Referral  
Entry Sheet

Print

Return

Envoy ID

Carrier Code

Your Aetna US Healthcare Provider ID

Aetna US Healthcare Member ID or SSN

Referred Provider ID

Referred Facility ID

Diagnosis Code(s) or Group(s)

Procedure Code(s) or Group(s)

Number of Visits Appointment Date

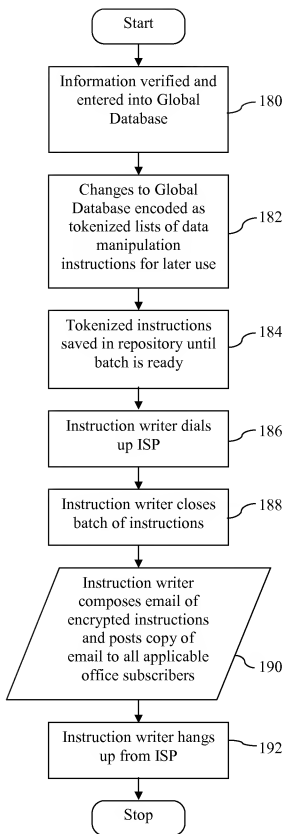
Place of Service Code

1- Office Visit 3- Outpatient  
2- Inpatient 4- Same Day Surgery

Comment Code

☐ 1- Call me ☐ 13- Perform procedure on left side  
☐ 2- Letter to Follow ☐ 14- Bilateral procedure

Fig. 7e

*Fig. 8*

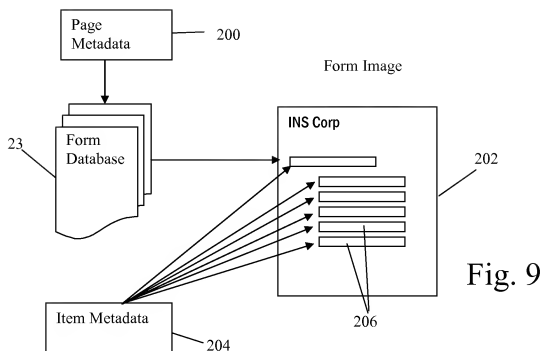


Fig. 10

